Effective October 1, 2003 10/040376													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
T	OTAL CLAIMS	· · · · · · · · · · · · · · · · · · ·					ŀ	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		OR	X\$18=	,	
INDEPENDENT CLAIMS			minus 3 =		*			X43=		┪┈	\ <u>\</u>	<u> </u>	
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT						1	OR			
* 11	the difference	e in column 1 is	less than 7	ero enter	*0* in c	olumo 2		+145=		OR	+290=		
	• •		less than zero, enter "0" in column 2  MENDED - PART II					TOTAL		OR	TOTAL	<u> </u>	
4	29104	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL						
AMENDMENT A		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		(Colum HIGH NUME PREVIO PAID I	EST BER FUSLY	PRESENT EXTRA	-	RATE	ADDI- TIONAL FEE	]	RATE	ADDI- TIONAL FEE	
	Total	.17	Minus	- 2		= (.		X\$ 9=		OR	-X\$18=	1.55	
	Independent	.3	Minus	··· 2		=		X43=		OR	X86=	·	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR							\	+145=		OR	+290=		
							L	TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								VOOIT. FEE	<u> </u>	<b>]</b>	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST IER USLY	PRESENT EXTRA	╽┝	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF M	Minus	***	C1 A114	•		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	:	
							_	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column													
5 I		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		<b>#</b>		X\$ 9=		OR	X\$18=		
	Independ nt				=		X43=		t	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR	7.00-		
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
11	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TOTAL DOIT, FEE	·	OR	TOTAL DOIT, FEE		
1	he "Highest Numi	ber Previously Paid	For (Total or	Independen	t) is the i	highest number	toun	d in the app	ropriate box	in colu	mn 1.		

Application or Docket Number